



<i>Index of Claims</i> 	Application/Control No. 09905772	Applicant(s)/Patent Under Reexamination ANGELONE ET AL.
	Examiner VANEL FRENEL	Art Unit 3687


✓	Rejected	-	Cancelled	N	Non-Elected	A	Appeal
=	Allowed	÷	Restricted	I	Interference	O	Objected

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
CLAIM		DATE					
Final	Original	09/01/2008					
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						
	21						
	22						
	23						
	24						
	25						
	26						
	27						
	28						
	29						
	30						
	31						
	32						
	33						
	34						
	35						
	36						

<i>Index of Claims</i> 	Application/Control No. 09905772	Applicant(s)/Patent Under Reexamination ANGELONE ET AL.
	Examiner VANEL FRENEL	Art Unit 3687

✓	Rejected	-	Cancelled	N	Non-Elected	A	Appeal
=	Allowed	÷	Restricted	I	Interference	O	Objected

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
CLAIM		DATE					
Final	Original	09/01/2008					
	37						
	38						
	39						
	40						
	41						
	42						
	43						
	44						
	45						
	46						
	47						
	48						
	49						
	50						
	51						
	52						
	53						
	54						
	55						
	56						
	57						
	58						
	59						
	60						
	61						
	62						
	63						
	64						
	65						
	66						
	67						
	68						
	69						
	70						
	71						
	72						

<i>Index of Claims</i> 	Application/Control No. 09905772	Applicant(s)/Patent Under Reexamination ANGELONE ET AL.
	Examiner VANEL FRENEL	Art Unit 3687

✓	Rejected	-	Cancelled	N	Non-Elected	A	Appeal
=	Allowed	÷	Restricted	I	Interference	O	Objected

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant			<input type="checkbox"/> CPA			<input type="checkbox"/> T.D.			<input type="checkbox"/> R.1.47			
CLAIM			DATE									
Final	Original											
	73											
	74											
	75	✓										
	76	✓										
	77	✓										
	78	✓										
	79	✓										
	80	✓										
	81	✓										
	82	✓										
	83	✓										
	84	✓										
	85	✓										
	86	✓										
	87	✓										
	88	✓										
	89	✓										
	90	✓										
	91	✓										
	92	✓										
	93	✓										
	94	✓										
	95	✓										
	96	✓										
	97	✓										
	98	✓										
	99	✓										
	100	✓										
	101	✓										